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Communicable Diseases

Model Policies and Procedures for

HIV Education, Infected Students and Staff, and Work Site Safety

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MTSBA
"...fostering excellence in public education through school board leadership."

Dear Colleague,

The issues surrounding HIV and AIDS in schools—appropriate education, rights of infected persons, and work site safety—demand clear guidelines for decision making that teachers, principals, other educators and school trustees can follow when their schools are confronted with HIV-related concerns.

The model policies and procedures in this guide provide the clear guidance schools need to address HIV issues. The policies and procedures are consistent with federal and state public health recommendations and with federal and state laws on discrimination and disability. The policies and procedures provide guidance that is understandable, effective, non-discriminatory and non-exclusionary.

This document is the fourth in a series of guidance on communicable disease policy, including HIV policy. The first piece, **Guidelines for Communicable Disease Control Policies in Montana Schools** (1990), provides general recommendations on establishing a sound communicable disease policy. The second piece, **Developing and Revising HIV Policies** (1992), contains a process guide for developing, revising and evaluating HIV policy. The third piece, **Policies and Procedures** (1995), provides specific policies and procedures to address school-based HIV and general communicable disease issues—education, infected students and staff, and worksite safety (universal precautions). This revision of **Policies and Procedures** replaces the edition produced in 1995.

We believe the three guidance documents provide the necessary reference information and resource documents to help Montana school decision makers adopt understandable, proactive and practicable communicable disease policies and procedures.

Sincerely,

Linda McCulloch

Lance L. Melton

Acknowledgement

This resource document was made possible through the cooperative efforts of the Montana School Boards Association (MTSBA) and the Montana Office of Public Instruction (OPI). The MTSBA and the OPI wish to acknowledge the help of the Montana Human Rights Bureau and the Montana Department of Public Health and Human Services (DPHHS) in the review of the policies and procedures. Finally, the MTSBA and the OPI extend their appreciation to the following individuals for the time and expertise in helping to frame the policies and procedures included in this guidance document.

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- *HIV Technical Review*

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Montana Board of Public Education Position Statement on HIV/AIDS

Rationale

The growing problem of HIV and AIDS, especially among younger persons, demands a reaction from educators. Through education, HIV infection and AIDS become truly preventable. Sound education policy regarding HIV and AIDS is a first, vital step in formulating an educational response to the disease. The policy must establish guidelines for schools for decision making and action. A well-planned policy which takes into consideration education, rights and accommodations, and work site safety issues can help school districts and communities avoid potential disruptive and divisive conflict.

School policy addressing each of three overriding areas — education, rights and accommodations, and work site safety — needs to be developed at the district level. HIV-related policies are most successfully developed with community and local health department involvement. Policies should reflect the traditions and values of the community, include current scientific and medical knowledge, and be consistent with laws protecting individual rights. In addition, effective policies require routine evaluation and revision to keep them up to date and useful. (The Office of Public Instruction is a resource for model policy information and technical assistance.)

Policy Content

Three areas of concern should be addressed by HIV policies — issues of education, issues regarding students and staff who are infected with HIV, and procedures for safely handling body fluids. Policy focusing on education should address such issues as when and how to teach students about HIV and AIDS within a health enhancement curriculum, the content of an HIV curriculum, staff preparation and training, and evaluation of the HIV education program. Policy focusing on people should address the confidentiality and rights of people who are infected. Policy focusing on infection control should address proper methods of ensuring a safe environment for all students and staff.

Position Statement

All Montana school districts are strongly encouraged to develop appropriate communicable disease policies that specifically include HIV and AIDS, and which address age-appropriate education, rights and accommodations of students and staff who are infected, and safety procedures.

Dated: March 5, 1999

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HIV/AIDS EDUCATION POLICY

To complement the district's current education efforts on general communicable diseases and to strengthen the curricular content of the HIV/AIDS education component of the district's accredited Health Enhancement program, the Board adopts the following policy.

The Board recognizes that Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) pose a public health crisis. At the present time, society's most effective weapon against this deadly disease is public education.

The number of persons with HIV infection is steadily increasing. In the course of living their daily lives, students may come in contact with people who are HIV infected yet asymptomatic as well as people at the symptomatic stages of AIDS. Therefore, the district's health education program shall include factual information regarding HIV infection. Students shall be told what behaviors put them at risk of infection and also shall be motivated to prevent infection by making wise decisions in their daily lives.

The Board believes that HIV/AIDS instruction is most effective when integrated into a comprehensive health education program. Instruction shall be developmentally appropriate to the grade level of the students and shall occur in a systematic manner. The Board particularly desires that students receive proper education about HIV before they reach the age when they may adopt behaviors which put them at risk of contracting the disease.

In order for education about HIV to be most effective, the district superintendent or his/her designee shall ensure that faculty members who present this instruction receive continuing in-service training which includes appropriate teaching strategies and techniques. Other staff members not involved in direct instruction but who have contact with students shall receive basic information about HIV/AIDS and instruction in the use of universal precautions when dealing with body fluids.

School faculty, parents, community members (including public health and health care providers), and students (as appropriate) shall be involved in the development of the HIV education program. In accordance with Board policy, parents shall have an opportunity to review the HIV education program before it is presented to students.

LEGAL REFS: **MCA 50-16-1001 et seq, AIDS Education and Prevention (AIDS Prevention Act)**

NOTES:

COMMUNICABLE DISEASES POLICY

The school district is required to provide educational services to all school-age children who reside within its boundaries. Attendance at school may be denied to any child diagnosed as having a communicable disease which could make the child's attendance harmful to the welfare of other students. In the instance of diseases causing suppressed immunity, attendance may be denied to a child with suppressed immunity in order to protect the welfare of the child with suppressed immunity when others in the school have an infectious disease which, although not normally life threatening, could be life threatening to the child with suppressed immunity.

The Board recognizes that communicable diseases which may afflict students range from common childhood diseases, acute and short-term in nature, to chronic, life-threatening diseases such as human immunodeficiency virus (HIV) infection. This school district shall rely on the advice of the public health and medical communities in assessing the risk of transmission of various communicable diseases to determine how best to protect the health of both students and staff.

Management of common communicable diseases will be in accordance with Montana Department of Health and Human Services guidelines and communicable diseases control rules (ARM 37.114.101 et seq). A student who exhibits symptoms of a communicable disease which is readily transmitted in the school setting may be temporarily excluded from school attendance.

Students who complain of illness at school may be referred to the school nurse or other responsible person designated by the Board and may be sent home as soon as the parent or person designated on the student's emergency medical authorization form has been notified.

The district reserves the right to require a statement from the student's primary care provider authorizing the student's return to school.

In all proceedings related to this policy, the district shall respect the student's right to privacy.

When information is received by a staff member or volunteer that a student is afflicted with a serious communicable disease, the staff member or volunteer shall promptly notify the school nurse or other responsible person designated by the Board to determine appropriate measures to protect student and staff health and safety. The school nurse or other responsible person designated by the Board, after consultation with and on the advice of public health officials, shall determine which additional staff members, if any, have need to know of the affected student's condition.

Only those persons with direct responsibility for the care of the student or for determining appropriate educational accommodation will be informed of the specific nature of the condition if it is determined there is a need for such individuals to know this information due to the risk of transmission in the school setting of the disease to others or the need to protect the child from other communicable diseases which may be life threatening to the child.

Parents of other children attending the school may be notified that their child has been exposed to a communicable disease without identifying the particular student who has the disease.

The superintendent shall initiate procedures to ensure that all medical information will be held in confidence. Any school staff member who violates confidentiality shall be subject to appropriate disciplinary measures.

Note: For the purpose of this policy, the term "communicable disease" refers to diseases, with the exception of influenza, that are identified in ARM 37.114.203 Reportable Diseases. The district has the right to consult with the public health authorities in making a determination, in the interest of all the parties involved, concerning conditions of concern not listed.

Notes:

LEGAL REFS: **ARM 37.114.101 et seq, Communicable Disease Control**

STAFF HEALTH AND COMMUNICABLE DISEASES POLICY

Through its overall safety program and various policies pertaining to school personnel, the Board shall seek to ensure the safety of employees during working hours and assist them in the maintenance of good health. It shall encourage all its employees to maintain optimum health through the practice of good health habits.

Under the circumstances defined below, the Board may require physical examinations of its employees. The district shall pay for all such physical examinations. Results of such physical examinations shall be maintained in separate medical files and not in the employee's personnel file and may be released only as permitted by law.

PHYSICAL EXAMINATIONS

If the work is of a physically demanding nature, subsequent to a conditional offer of employment and prior to a commencement of work, the district may require an applicant to have a medical examination and to meet any other health requirements that may be imposed by the state. The district may condition an offer of employment on the results of such examination if all entering employees in the applicable job category are subject to such examination. If approved by personnel services, a 30-day grace period beginning from the date of employment may be allowed for the employee to obtain the required medical examination.

All bus drivers, including full-time, regular part-time or temporary part-time drivers are required by state law to have a satisfactory medical examination prior to employment.

Special Examinations

The Board recognizes that an individual's medical diagnosis is privileged information between the patient and medical professionals. However, whenever a staff member's medical condition is such that it interferes with the ability to perform the essential duties of the job or there is a direct threat to the health and safety of the staff member or others, the district has a responsibility to take necessary steps to evaluate the employee's condition and make appropriate employment decisions.

The Board may request physical examinations and/or mental health examinations of any employee to determine whether the employee is still able to perform the essential functions of the job or whose physical or mental health may pose a direct threat to the health, safety or welfare of the employee or others. The school district shall select the medical professional to conduct such examination.

When the board determines, based on appropriate physical and/or mental health examinations, that an employee cannot perform the essential functions of the job, with or without reasonable accommodation, or medical evidence establishes that the employee's condition poses a direct threat to the health, safety or welfare of the employee or others, the school district may take action to suspend and/or terminate the employee's employment in accordance with applicable policies and laws.

Communicable Diseases

If a staff person has a communicable disease and has knowledge that a person with compromised or suppressed immunity attends the school, the staff person must notify the school nurse or other responsible person designated by the Board that they have a communicable disease which could be life threatening to an immune compromised person. The school nurse or other responsible person designated by the Board must determine, after consultation with and on the advice of public health officials, if the immune compromised person needs appropriate accommodation to protect their health and safety.

An employee afflicted with a communicable disease capable of being readily transmitted in the school setting (e.g., airborne transmission of tuberculosis) shall be encouraged to report the existence of the illness in case there are precautions that must be taken to protect the health of others. In addition, an infected employee shall not report to work during the period of time in which he/she is contagious to others in the school setting. The district reserves the right to require a statement from the employee's primary care provider prior to the employee's return to work.

MEDICAL INFORMATION AND CONFIDENTIALITY POLICY

In all instances, district personnel shall respect the individual's right to privacy and treat any medical diagnosis or other information as confidential information. Any information obtained regarding the medical condition or history of any employee shall be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record. Only those persons with a legitimate need to know (i.e., those persons with a direct responsibility for the care of or for determining workplace accommodation for the staff person) will be provided with necessary medical information.

Supervisors and managers may be informed of the necessary restrictions on the work or duties of the employee and necessary accommodations. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Note: For the purpose of this policy, the term "communicable disease" refers to diseases, with the exception of influenza, that are identified in ARM 37.114.203 Reportable Diseases. The district has the right to consult with the public health authorities in making a determination, in the interest of all the parties involved, concerning conditions of concern not listed.

LEGAL REFS:	**29 U.S.C. 794, Section 504 of the Rehabilitation Act** **29 CFR, Section 1630.14(c)(1)(2)(3)** **42 U.S.C. 12101 et seq., Americans with Disabilities Act** **Title 49, Chapter 4, MCA, Rights of Persons with Disabilities** **Title 49, Chapter 2, MCA, Illegal Discrimination** **MCA 20-10-103(4)** **ARM 24.9.1406 et seq** **ARM 37.114.101 et seq**
CROSS REFS:	**[cross reference to EEO, personnel, discipline, suspension and dismissal, sick leave, etc., policies]**

Notes:

STAFF HEALTH AND COMMUNICABLE DISEASES PROCEDURE

The following procedures will be used to implement the **Staff Health and Communicable Diseases Policy** and will be followed whenever a staff member is seriously ill and the illness is affecting the employee's ability to perform the essential duties of the job or is posing a direct threat to the health and safety of others.

REPORTING SUSPECTED OR CONFIRMED CASES

The Board will designate a school official or staff member as the person responsible for coordinating the school district's effort to implement the provisions of the **Staff Health and Communicable Diseases Policy**. For purposes of these procedures, the designated responsible school official or staff member will be referred to as the "school officer."

It is improper for any employee who has knowledge or reasonable grounds to suspect that he/she is infected with a communicable disease to willfully expose or infect another with such a disease or to knowingly perform an act or engage in conduct which exposes or infects another person with such a disease.

If a supervisor has been informed that an employee is afflicted with an illness which is interfering with job performance or posing a direct threat to the health and safety of others, the supervisor will notify the school officer immediately. The school officer will confer individually with the supervisor and the staff member to assess the situation.

EVALUATION OF EMPLOYMENT STATUS SPECIFIC TO HIV

HIV is not readily transmitted; therefore, HIV infection is not a reason to remove a staff member from school. In the event an employee discloses to the school officer that he/she is infected with HIV, the school officer, after consulting with the employee's primary care provider, the infected employee, and public health officials, will determine whether the HIV-infected employee has a secondary

infection (such as active tuberculosis) that constitutes a recognized risk of transmission in the school setting.

If the employee has no secondary infection that constitutes a medically recognized risk of transmission in the school setting, the infected employee's job assignment will not be altered unless a reassignment is requested by the employee as a reasonable accommodation.

If there is a secondary infection that constitutes a medically recognized risk of transmission in the school setting, the school officer will consult with the employee's primary care provider, public health officials and the infected employee to develop, if necessary, an individually tailored plan for the employee. Additional persons may be consulted if this is essential for gaining additional information, but the infected employee must give consent to the notification of any additional persons who would know the identity of the infected employee.

When an employee is determined to be unfit for continued duty because he/she is incapable of performing the essential functions of the job with or without reasonable accommodation or poses a direct threat to the health or safety of the employee or others, he/she will be entitled to use any accumulated paid leave and leave without pay in accordance with Board policies.

When an employee has exhausted all leave options and is deemed unfit to resume duties, employment will be terminated through the employee's resignation, retirement or dismissal in accordance with applicable Board policies and state law.

Confidentiality

Any information obtained regarding the medical condition or history of any employee shall be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record. Only those persons with a legitimate need to know (i.e., those persons with a direct responsibility for the care of or for determining workplace accommodation for the employee) will be provided with necessary medical information.

Supervisors and managers may be informed of the necessary restrictions on the work or duties of the employee and necessary accommodations. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Note: For the purpose of this policy, the term "communicable disease" refers to diseases, with the exception of influenza, that are identified in ARM 37.114.203 Reportable Diseases. The district has the right to consult with the public health authorities in making a determination, in the interest of all the parties involved, concerning conditions of concern not listed.

LEGAL REFS:
42 U.S.C. 12101 et seq. Americans with Disabilities Act
MCA 20-4-201 et seq, Teacher Employment
MCA 49-2-101, Illegal Discrimination
MCA 49-3-101, Governmental Code of Fair Practices
MCA 50-16-1001 et seq, AIDS Education and Prevention, AIDS Prevention Act

STUDENTS WITH COMMUNICABLE DISEASES POLICY

A student infected with a communicable disease, including HIV/AIDS, will be allowed to continue in all educational activities for which the student is otherwise qualified unless there is medical evidence that the student poses a direct threat to himself/herself or other students or staff or, in the instance of a student with suppressed or compromised immunity, medical evidence that other communicable diseases are present in the school which may be life threatening to the student. The district is committed to making any reasonable accommodations which will allow a student infected with a communicable disease, including HIV/AIDS, to continue his/her normal educational program.

The human immunodeficiency virus (HIV) is not readily transmitted in the school setting; therefore, HIV infection is not a reason to remove a student from school.

In all proceedings related to this policy, the district shall respect the student's right to privacy. The superintendent shall initiate procedures to ensure that all medical information will be held in confidence. Any school staff member who violates confidentiality shall be subject to appropriate disciplinary measures.

LEGAL REFS:	**20 U.S.C. 1401 et seq, Individuals with Disabilities Education Act** **29 U.S.C. 794, Section 504 of the Rehabilitation Act** **42 U.S.C. 12101 et seq, Americans with Disabilities Act** **MCA Title 20, Chapter 7, Part 4, Special Education for Exceptional Children** **MCA 49-2-307, Discrimination in Education** **MCA 50, Chapter 16, Health Care Information**
CROSS REFS:	**[cross reference to other policies such as records, special education, suspension/expulsion/attendance, etc.]**

NOTES:

STUDENTS WITH COMMUNICABLE DISEASES PROCEDURE

The following procedures will be followed when determining the proper educational placement of a student known to be infected with a communicable disease, including human immunodeficiency virus (HIV) infection, and those students diagnosed as having Acquired Immune Deficiency Syndrome (AIDS).

IDENTIFICATION OF STUDENTS

Any student infected with a communicable disease generally will be identified by the school district only when the district receives direct information from the student or his/her parent or guardian about his/her medical diagnosis.

To encourage such disclosure, the district will treat students in a fair, nondiscriminatory and confidential manner consistent with the district's legal obligations.

All information about such students will be reported to the school official designated by the Board to be responsible for coordinating the placement decision. For purposes of these procedures, the designated responsible school official will be referred to as the "school officer."

PLACEMENT DECISION SPECIFIC TO HIV

HIV is not readily transmitted; therefore, HIV infection is not a reason to remove a student from school. The school officer, after consulting with the infected student's primary care provider, the infected student's parent/guardian, and public health officials, will determine whether the HIV-infected student has a secondary infection (such as active tuberculosis) that constitutes a medically recognized risk of transmission in the school setting.

If the student has no secondary infection that constitutes a medically recognized risk of transmission in the school setting, the student's educational program will not be altered unless a request for reasonable accommodation is made by the infected student's parent/guardian (unless the student is 18 years of age, in which case the student may make the request).

If there is a secondary infection that constitutes a medically recognized risk of transmission in the school setting, the school officer will consult with the student's primary care provider, public health officials and the infected student's parent/guardian to develop, if necessary, an individually tailored plan for the student. Additional persons may be consulted if essential for gaining additional information, but the infected student's parent/guardian must give consent (unless the student is 18 years of age, in which case the student may provide consent) to the notification of any additional persons who would know the identity of the infected student.

The school officer will review the case periodically with the infected student or the student's parent/guardian and the medical advisors described above.

If the student with HIV qualifies for services as a child with disabilities under state and federal law, those procedures will be used to make a placement decision in lieu of the procedure described above. In the development of an individualized educational program (IEP), school personnel should consider expanding the staffing committee to include the student's primary care provider and a public health official to serve in advisory capacities.

The fact that a student is infected with HIV will not be disclosed on the student's IEP nor will it be disclosed to members of the staffing committee unless the school officer, in consultation with the infected student and parent/guardian, as appropriate, determines that such disclosure is necessary to develop procedures to address the student's medical condition or to provide medical treatment. These precautions also shall be observed in the case of an HIV-infected student who is referred for special education and staffing for reasons unrelated to HIV infection.

Confidentiality

All information, including the identity of the student, gained by the school district through application of the **Students With Communicable Diseases Policy** and these procedures will be treated as confidential. Special precautions will be taken to protect information regarding a student's health condition in order to prevent instances of disclosure that may invade a student's personal privacy.

Persons who may know the identity of a student infected with HIV are those who, with the infected student or his/her parent/guardian, will determine whether the student has a secondary infection that constitutes a medically recognized risk of transmission in the school setting. They are the school officer, the student's primary care provider and a public health official. (The public health official should be able to study the facts of the case sufficiently to make a decision without needing to know the identity of the student.)

The decision makers listed above and the infected student or his/her parent or guardian will determine whether additional persons such as the school nurse or principal need to know that an infected student attends a specific school. The additional persons will not know the name of the

infected student without the consent of the student's parent/guardian (unless the student is 18 years of age, in which case the student may provide consent).

All medical information and written documentation of discussions, telephone conversations, proceedings and meetings will be kept by the school officer in a locked file. Access to this file will be granted only to those persons who have the written consent of the infected student's parent/guardian (unless the student is 18 years of age, in which case the student may provide consent).

To further protect confidentiality, names will not be used in documents except when this is essential. Any document containing the name or any other information that would reveal the identity of the infected student is restricted to those persons who have an essential need to know (i.e., those persons with a direct responsibility for the care of or for determining educational accommodations for the infected student). Documents containing identifying information will not be shared with any person beyond the person with an essential need to know, not even for the purposes of word processing or reproduction.

Note: For the purpose of this policy, the term "communicable disease" refers to diseases, with the exception of influenza, that are identified in ARM 37.114.203 Reportable Diseases. The district has the right to consult with the public health authorities in making a determination, in the interest of all the parties involved, concerning conditions of concern not listed.

Notes:

PREVENTION OF DISEASE TRANSMISSION POLICY

All schools shall provide a healthy environment and shall establish procedures recommended by public health officials for handling body fluids.

All school district personnel shall be advised of routine procedures to follow in handling body fluids. These procedures shall provide simple and effective precautions against transmission of diseases to persons exposed to the blood or body fluids of another. These procedures shall be standard health and safety practices. No distinction shall be made between body fluids from individuals with a known disease or infection and from individuals without symptoms or with an undiagnosed disease.

The administration shall develop, in consultation with public health and medical personnel, procedures to be followed by all staff. The procedures shall be distributed to all staff and training on the procedures shall occur on a regular basis. Training and appropriate supplies shall be available to all personnel, including those involved in transportation and custodial services.

In addition to ensuring that these health and safety procedures are carried out on a districtwide basis, special emphasis shall be placed on those areas of school district operation that present a greater need for these precautions.

NOTES:

PREVENTION OF DISEASE TRANSMISSION PROCEDURE

Body fluids of all persons should be considered to contain potentially infectious agents. No distinction shall be made between body fluids from individuals with a known disease or infection and body fluids from asymptomatic or undiagnosed individuals. Body fluids include blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g., nasal discharge) and saliva.

The following infection control practices should be followed in all situations involving contact with any body fluids.

1. If possible, all school workers who have open sores or dermatitis should refrain from direct student care and refrain from handling student care equipment until the condition is resolved. Cuts and sores on the skin of school workers should be covered with adhesive bandages that repel water and are designed to prevent potentially infectious material from being shed from the cut or sore.

2. School workers should wear gloves when it is likely that hands will be in contact with body fluids (blood, urine, feces, wound drainage, oral secretions, sputum or vomitus).

   a. Wear gloves while treating bloody noses and dealing with cuts that are bleeding.

   b. Gloves should be kept in emergency response kits and be readily accessible at sites where students seek assistance for bloody noses or injuries. (If gloves are not available, towels or other clean material may be used to provide some protection.)

   c. When possible, have students wash off their own cuts and abrasions. After cuts are washed with soap and water, they should be covered with bandages of the appropriate size. Where possible, students should be taught to hold their own bloody noses.

3. When possible, pocket face masks should be used for mouth-to-mouth resuscitation.

4. Hands should be washed immediately after gloves are removed. Wash hands often and properly, paying particular attention to areas around and under fingernails and between fingers.

   - Wash skin with soap and water. Hands and skin surfaces should be washed thoroughly with soap and water as soon as possible after student care or after contact with body fluids. Use warm running water with soap and scrub for 15 seconds before rinsing and drying. (Only

as an interim measure when water is not available, a hand cleaning germicide may be used. The germicide is available in towelette form. Follow with soap and water scrub as soon as possible.) Apply lanolin or other lotion to prevent hands from drying and cracking.

5. Clean up the area (floor, desk, sink, clothing, etc.) as soon as possible after contact with body fluids.

   a. Wash contaminated surfaces and nondisposable items with a standard disinfectant such as household bleach or an aerosol germicide cleaner.

   b. Wash contaminated clothing and linen in detergent with hot water.

   c. Contaminated gloves, tissues, paper towels and other disposable items should be placed in a plastic bag which is placed in a second plastic bag before being discarded in the regular trash collection system.

Use individual judgment in determining when barriers are needed for unpredictable situations. It is strongly recommended that barriers be used when contact with body fluids is anticipated.

HIV Transmission Information

Current public health epidemiologic information on the transmission of HIV (the virus that causes AIDS) is:

- It is extremely difficult to be infected with HIV in the school setting.
- For infection to occur, there must be an infected body fluid **and** an access route for the infectious fluid to get into an uninfected person.
- Fluids that are capable of transmitting HIV are blood, semen, vaginal secretions and breast milk.
- The most frequent ways in which HIV can be transmitted are through sexual contact with an infected person, or by sharing needles and/or syringes (primarily for drug injection) with an infected person. Rarely does HIV transmission occur through transfusions of blood or blood products and organ or tissue transplants. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding.
- Other body fluids (saliva, tears, urine or feces) have extremely small, if any, levels of HIV. These body fluids have not been linked to any cases of HIV infection.
- There have been no documented cases of HIV/AIDS transmitted by mouth-to-mouth resuscitation.
- HIV is easily destroyed by common disinfectants. The most commonly used disinfectant to destroy HIV and other bloodborne pathogens is household bleach (i.e., sodium hypochlorite).

The household bleach is used in a bleach and water solution ranging from one part bleach with 10 parts of water (1:10) to one part bleach with 100 parts of water (1:100).

Although HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) have received a great deal of attention, there are other diseases more communicable than HIV and AIDS of which staff members should be aware. The following table lists body fluids of routine concern in the school setting (with the exception of semen and vaginal fluids), disease-causing organisms, and mode of transmission.

COMMUNICABLE DISEASE ORGANISMS, BODY FLUIDS ASSOCIATED AS SOURCES OF THE INFECTIOUS AGENT, AND MODE OF TRANSMISSION

Body Fluid	Organism of concern	Transmission
Blood	Hepatitis B virus HIV	Direct bloodstream inoculation
[1]Feces	Hepatitis A virus Salmonella bacteria Shigella bacteria	Contamination passed from hand-to-mouth
[1]Respiratory secretion -saliva -nasal discharge	Common cold viruses Influenza virus	Contamination passed from hand-to-mouth; sneezing
[1]Vomitus	Gastrointestinal viruses	Contamination passed from hand-to-mouth
[1]Urine	Cytomegalovirus	Bloodstream inoculation through cuts and abrasions on hands
Semen/vaginal fluids	Hepatitis B virus HIV Gonococcus bacteria	Sexual contact

[1] = There are no reported cases of HIV/AIDS having been transmitted by these sources.

Wear gloves when exposed to body fluids, especially blood. Urine, feces or vomitus may contain small amounts of blood and disease-causing organisms so gloves should be worn when handling these body fluids.

Hand washing is very important!!

NOTES:

RELATED RESOURCES

Communicable Diseases—Policies and Procedures, a guide of model policy and procedures for providing a clear guidance schools need to address HIV issues. Montana Office of Public Instruction, January 1995.

Developing and Revising HIV Policies, Montana Office of Public Instruction, September 1992.

Guidelines for Communicable Disease Control Policies in Montana Schools, a guide and model policy for communicable diseases including HIV-infected students and staff, Montana Office of Public Instruction, February 1990.

Someone at School Has AIDS, a guide to developing policies for students and school staff members who are infected with HIV, National Association of State Boards of Education, 1989.

Notes:

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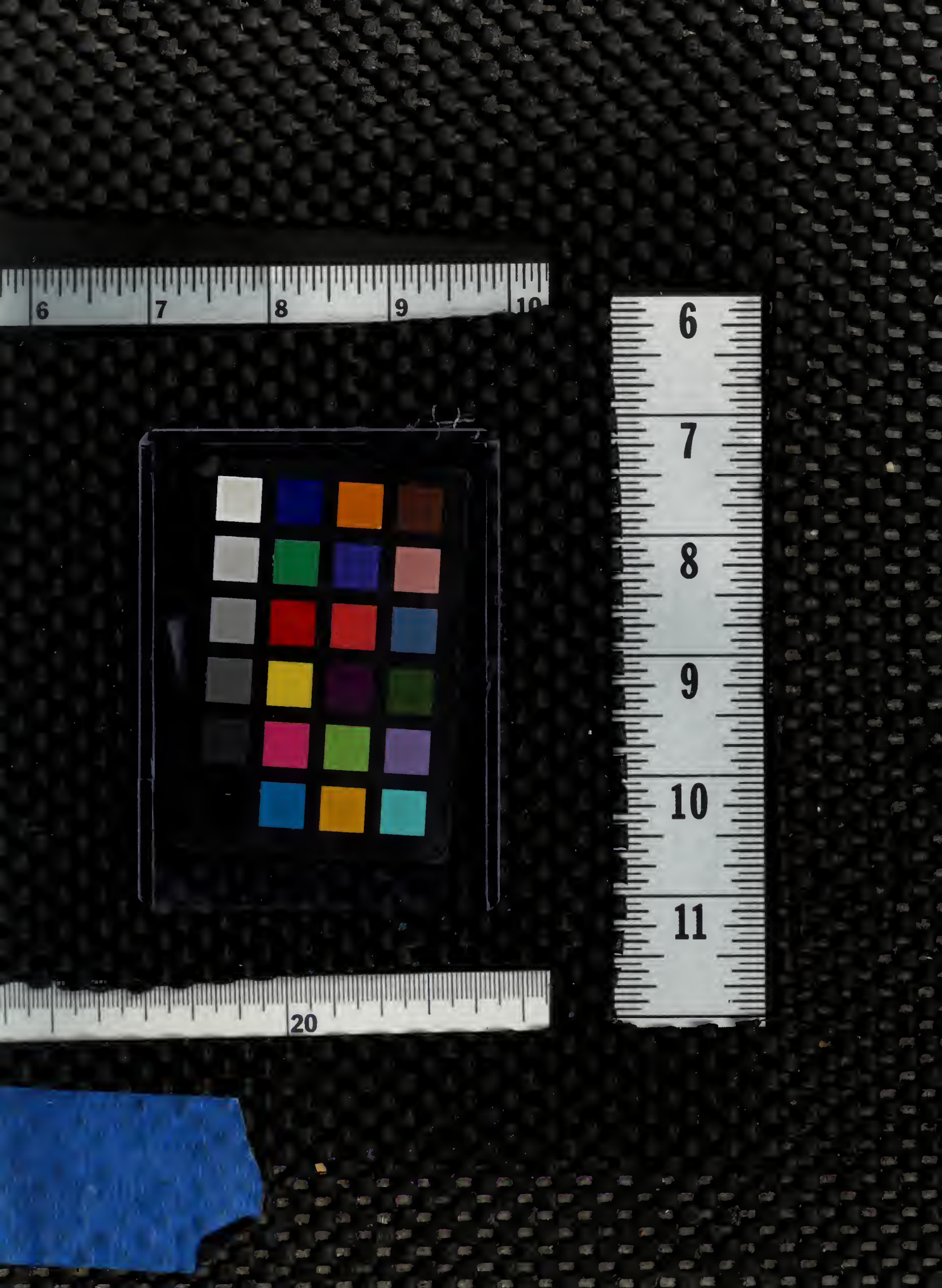
through
school board leadership."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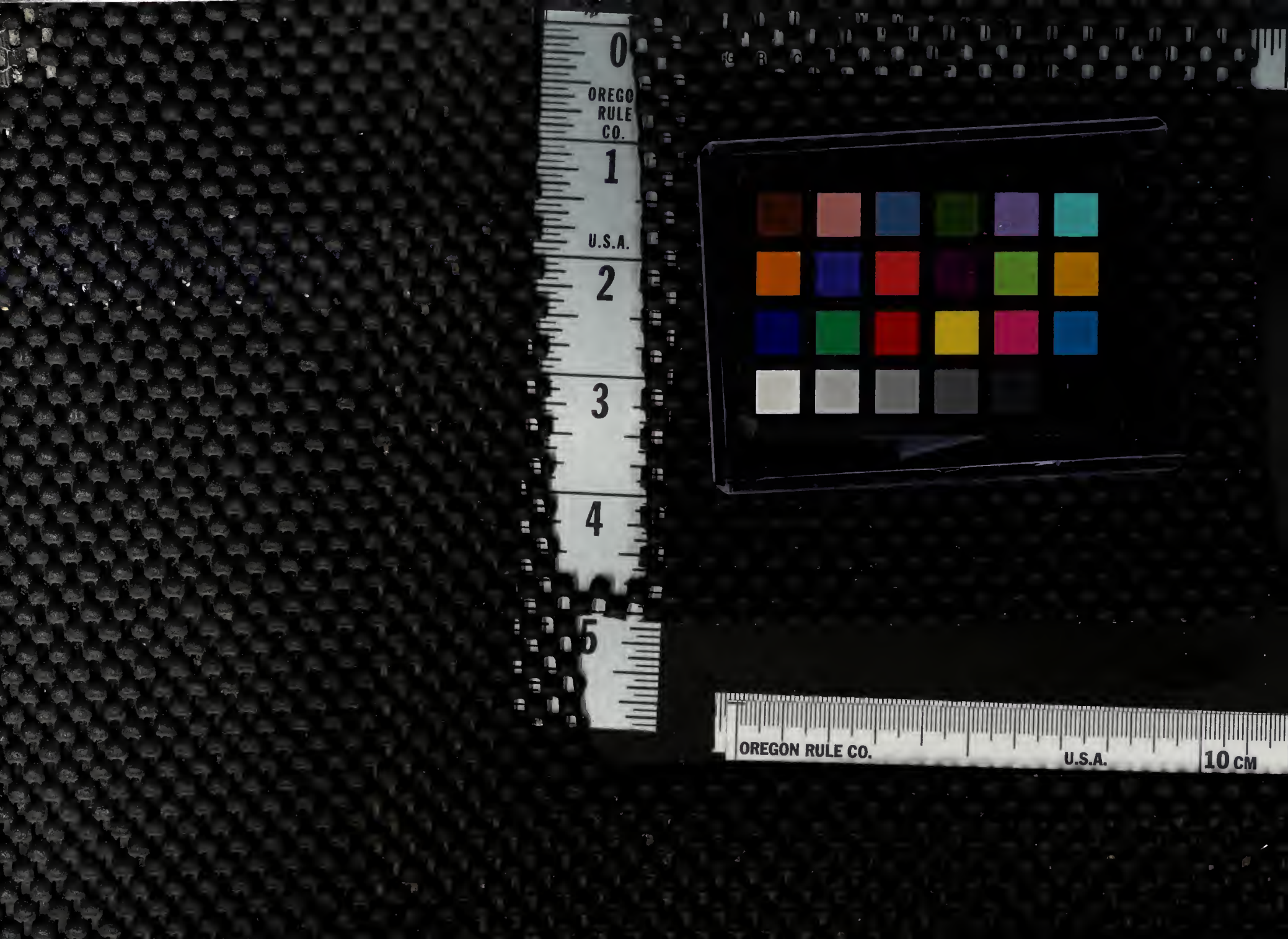
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